

Notice of Intent: UST Permanent Closure or Change-In-Service

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (BLUE) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number

Date Received

RECEIVED
N.C. Dept. NRCD
JUN 10 1991

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

Winston-Salem
Regional Office

I. OWNERSHIP OF TANK(S)

Tank Owner Name: P & R Trailer Repair
(Corporation, Individual, Public Agency, or Other Entity)
Street Address: 2229 Bishop Road
County: Guilford County
City: Greensboro State: NC Zip Code: 27406
Tele. No. (Area Code): 919-855-6305

II. LOCATION OF TANK(S)

Facility Name or Company _____
Facility ID # (if available) SAME
Street Address or State Road: _____
County: _____ City: _____ Zip Code: _____
Tele. No. (Area Code): _____

III. CONTACT PERSON

Name: Thurston Reader Job Title: Owner Telephone Number: (919) 855-6305

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GWUST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Four Seasons Industrial Services, Inc.
Address: 3107 South Elm-Eugene State: Greensboro, NC Zip Code: 27416
Contact: Michael G. Stoneman Phone: (919) 273-2718

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
#1	8,000	Diesel Fuel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Michael G. Stoneman (Corp. UST Program Mgr) Scheduled Removal Date: 7-6-91

Signature: Michael D. Stoneman - FSN1

Date Submitted: 6-6-91

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.